

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

10/59/285

Application

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2								51					
3								53					
4								54					
5								55					
6								56					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	3	↓		↓		TOTAL IND.		↓		↓	↓
TOTAL DEP.		←	14	←		←		TOTAL DEP.		←		←	←
TOTAL CLAIMS		██████████	17	██████████		██████████		TOTAL CLAIMS		██████████		██████████	